

CLAIMS ONLY							Application Number <b>101093633</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2										
Total Depend	48										
Total Claims	50										
Total Indep	1										
Total Depend	11										
Total Claims	12										

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BEST AVAILABLE COPY